

Additional Employment History Form

NAME (as appears on Social Security card):

SOCIAL SECURITY NUMBER:

(Last)

(First)

(Middle)

____. If current employer, may we contact? ☐ Yes ☐ No

Name on employment records if different from present name: _____

Employer: _____ Supervisor: _____

Address: _____

Phone: (____) _____ Fax Number: (____) _____

Position: _____ Last Salary/Hourly Rate: _____

Position Status: ☐ Full Time Employment ☐ Part Time Employment (____ hours per week)

Were you a supervisor? ☐ Yes ☐ No Number of Employees Supervised: _____

Duties included: _____

From: ____/____/____ To: ____/____/____

Did you quit? ☐ Yes ☐ No Were you terminated or asked to resign? ☐ Yes ☐ No

Reason for leaving (if you were terminated or asked to resign, you must provide sufficient details): _____

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Address: _____

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